

I am an attorney representing the ☐ petitioner mother ☐ petitioner father ☐ mother of adoptee ☐ father of adoptee
I state that the following itemizes the services performed and any fees, compensation, or other thing of value received by or agreed
to be paid to me for, or incidental to, the adoption of the child.

☐ I represent a party in this direct placement adoption. I have not requested or received any compensation for the activities described in MCL 710.54(2); MSA 27.3178(555.54)(2).

I declare that this statement has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature of attorney

NOTE: Attach this statement to Form PCA 347,
"Petitioner's Verified Accounting"

Name (print or type) _____

Address _____

City, state, zip

Telephone no.

Do not write below this line - For court use only